POSITION	INITIALS ID NO.	DATE	
FEE DETERMINATION	inA	- 08-30-01	*
O.I.P.E. CLASSIFIER FORMALITY REVIEW	019 32	2/10.	
	1000	10-10-10-10-10-10-10-10-10-10-10-10-10-1	
RESPONSE FORMALITY REVIEW			
			BES
	INDEX OF CLAIMS		(i)
V	Rejected N	Non-elected	
= ,,	Allowed I	Interference	
_ (Through numeral)) Canceled A Restricted O	Appeal Objected	
÷	Restricted		
laim Date	Claim Date	Claim Date	
T S N St		Final	
7 / 1/2 / 1/	Original Original	Fine	
	51	101	
2	52	102	
3 4	53 54	104	<u> </u>
5	55	105	
6	56 57	106	
7 8 8	58	108	
9)	59	109	1111
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11 12	62	112	1
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26	76	126	
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30	80	131	
31 32	82	132	THE ENGLISH
33	83	133	4:224
34 35	84 85	135	
36	86	136	1 3 3 5 6
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38 39	88 89	139	
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45	95	145	
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18	If more than 150 claims or 10 ac	tions	
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